

PART N. IMPRISONMENT MODULE

CP,YP,YX
1999 NHIS Family Core

- N1. As far as you know, would you say (NAME'S) health is excellent, very good, good, fair, or poor?

¿Según lo que Ud. sabe, Diría que la salud de NAME es excelente, muy buena, buena, regular o pobre (mala)?

EXCELLENT	01
VERY GOOD	02
GOOD	03
FAIR	04
POOR.....	05
DON'T KNOW	d
REFUSED.....	r

CP,YP,YX
FACCT2 /CSHCN

- N2. These next questions are about any kind of health problems, concerns, or conditions that may affect (NAME'S) behavior, learning, growth, or physical development.

Does (NAME) need or use more **medical care, mental health, or educational services** than is usual for most (FILL "CHILDREN" IF AGE < 17; "YOUNG PEOPLE" IF AGE IS 17+) of the same age?

Las próximas preguntas son acera de cualquier tipo de problemas, preocupaciones, o condiciones de salud (NAME) que tal vez afecten la conducta, el saber, el crecimiento, o el desarrollo físico de (NAME).

¿Necesita o usa (NAME) más **servicios médicos, de salud mental, o de educación** de lo que es normal para la mayoría de (FILL "LOS NIÑOS" IF AGE=<17; "LA GENTE" IF AGE=17+) de su misma edad?

PROBE: These questions refer to a **current** condition, not a condition in the past.

PROBE : Estas preguntas se refieren a una condición **en la actualidad**, no en el pasado.

YES	01
NO.....	00

→ Go to N5

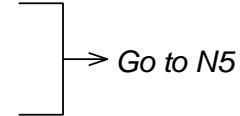
DON'T KNOWd
REFUSED.....r

CP,YP,YX
FACCT/CSHCN

N3. Is (NAME'S) need for medical care, mental health or educational services because of ANY medical, behavioral, or other health condition?

¿Necesita (NAME) servicios médicos, de salud mental, o de educación por causa de cualquier condición médica, o de conducta, u otra condición de salud ?

YES01
NO.....00
DON'T KNOWd
REFUSED.....r



CP,YP,YX
FACCT/CSHCN

N4. Is this a condition that has lasted or is expected to last 12 months or longer?

¿Es esta una condición que ya ha durado, o que esperan que va a durar 12 meses o más?

YES01
NO.....00
DON'T KNOWd
REFUSED.....r

CP,YP,YX
FACCT1/CSHCN

N5. Does (NAME) currently need or use **medicine prescribed by a doctor**, other than vitamins?

Actualmente, además de vitaminas, ¿necesita o usa (NAME) medicina recetada por un doctor?

INTERVIEWER: THESE QUESTIONS REFER ONLY TO A CURRENT CONDITION. THE RESPONDENT SHOULD ANSWER "YES" ONLY IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED

PROBE: Over-the-counter medication such as cold or headache medication is not included.

PROBE: No se incluye medicación sin receta tal como para catarro o dolor de cabeza.

YES	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

→ Go to N8

CP,YP,YX
FACCT/CSHCN

N6. Is (NAME'S) need for prescription medicine because of ANY medical, behavioral, or other health condition?

¿Necesita (NAME) **medicina recetada** por causa de CUALQUIER condición médica, o de conducta, u otra condición de salud ?

YES	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

→ Go to N8

CP,YP,YX
FACCT/CSHCN

N7. Is this a condition that has lasted or is expected to last 12 months or longer?

¿Es esta una condición que ya ha durado, o que esperan que va a durar 12 meses o más?

YES	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

CP,YP,YX
FACCT3/CSHCN

N8. Is (NAME) **limited or prevented** in any way in (HIS/HER) ability to do the things (FILL "CHILDREN" IF AGE < 17; "YOUNG PEOPLE" IF AGE IS 17+) of the same age can do?

¿Está (NAME) **limitado(a)** o **impedido(a)** en su habilidad de hacer las cosas que la mayoría de (FILL "LOS NIÑOS" IF <17; " LOS JÓVENES" IF 17+) de su misma edad pueden hacer?

PROBE: In other words, are there things (NAME) can't do as much or can't do at all that (FILL "CHILDREN" IF AGE < 17; "YOUNG PEOPLE" IF AGE IS 17+) the same age can?

PROBE: En otras palabras, ¿Hay cosas que (NAME) no puede hacer tanto, o no puede hacer de ninguna manera, que (FILL "LOS NIÑOS" IF <17; " LOS JÓVENES" IF 17 +) de su misma edad pueden hacer?

YES	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

→ Go to N11

CP,YP,YX
FACCT/CSHCN

N9. Is (NAME'S) limitation in abilities because of ANY medical, behavioral, or other health condition?

Es la limitación de habilidades de (NAME) por causa de CUALQUIER condición médica, o de conducta, u otra condición de salud ?

YES	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

→ Go to N11

CP,YP,YX
FACCT/CSHCN

N10. Is this a condition that has lasted or is expected to last 12 months or longer?

¿Es esta una condición que ya ha durado, o que esperan que va a durar 12 meses o más?

YES	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

CP,YP,YX
FACCT4/CSHCN

N11. Does (NAME) need or get **special therapy**, such as physical, occupational, or speech therapy?

¿Necesita (NAME) conseguir terapia especial, tal como terapia física, ocupacional o del habla (logopedia)?

YES	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

→ Go to N14

CP,YP,YX
FACCT/CSHCN

N12. Is (NAME'S) need for special therapy because of ANY medical, behavioral, or other health condition?

¿Necesita (NAME) terapia especial por causa de CUALQUIER condición médica, o de conducta, u otra condición de salud ?

YES	01
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N-5

→ Go to N14

NO.....00
DON'T KNOWd
REFUSED.....r

CP,YP,YX
FACCT/CSHCN

N13. Is this a condition that has lasted or is expected to last 12 months or longer?

¿Es esta una condición que ya ha durado, o que esperan que va a durar 12 meses o más?

YES01
NO.....00
DON'T KNOWd
REFUSED.....r

CP,YP,YX
FACCT5/CSHCN

N14. Does (NAME) need or get **treatment or counseling** for any kind of emotional, developmental, or behavioral problem?

¿Necesita o recibe (NAME) conseguir tratamiento o consejo por cualquier problema emocional, de desarrollo, o de conducta?

PROBE: Treatment or counseling includes remedies, therapy or guidance a child

or young person may receive for his/her health condition.

Emotional Problems such as depression or schizophrenia.

Developmental problems such as stunted growth.

Behavioral problems such as aggressive behavior or Attention Deficit Disorder, also known as A-D-D.

PROBE: Tratamiento o consejo incluye remedias, terapia o consejos que pueda recibir un(a) niño(a) o joven por su condición de salud.

Problemas emocionales tales como depresión o esquizofrenia.

Problemas de desarrollo tal como crecimiento enano.

Problemas de conducta tales como conducta agresivo o Attention Deficit Disorder, que también se conoce como A-D-D.

YES01
NO.....00
DON'T KNOWd
REFUSED.....r

→ Go to N16

CP,YP,YX
FACCT/CSHCN

N15. Has (NAME'S) emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?

¿Ya ha durado, o esperan que va a durar 12 meses o más el problema emocional, de desarrollo, o de conducta (NAME) ?

YES01
NO.....00
DON'T KNOWd
REFUSED.....r

CP,YP,YX
FACCT/CSHCN

N16. FACCT SCREENER DECISION (modified): Is N2 = 1, or N5 = 1, or N8 = 1, or N11 = 1, or N14 = 1, that is, does (NAME) have a health condition?

YES01 → Go to N19
NO.....00 → Continue

CP,YP,YX
Created

N17. Thinking back to (INSERT YEAR OF APPLICATION) when (FILL "YOUR" if RTYPE=01; "NAME'S" if RTYPE=03) family applied for Supplemental Security Income, or SSI, for (NAME), did (NAME) have a medical, behavioral, or other health condition then?

Pensando en (INSERT YEAR OF APPLICATION) cuando (FILL "SU FAMILIA" IF RTYPE=01; "LA FAMILIA DE (NAME)" IF RTYPE=03) aplicó para Supplemental Security Income (Seguridad de Ingreso Suplementario), o SSI, para (NAME); ¿tenía (NAME) una condición médica, o de conducta, u otra condición de salud, en ese entonces?

YES01
NO.....00
DON'T KNOWd
REFUSED.....r

A bracket is drawn from the 'd' and 'r' options of the N17 responses to point to an arrow labeled 'Go to N27'.

CP,YP,YX
Created

N18. What health condition or problem was that?

¿Qué condición o problema de salud era ?

INTERVIEWER : PROBE FOR SPECIFIC ANSWER. ANSWERS SUCH AS "HE'S SLOW," "DOESN'T TALK WELL," OR "IS A SPECIAL NEEDS CHILD" ARE NOT SPECIFIC ENOUGH.

PROBE 1: By what name do doctors call (NAME'S) health condition?

PROBE 2: What causes this condition?

PROBE 1: *¿Cómo llaman los doctores la condición de salud de (NAME) ?*

PROBE 2: *¿Cuál es la causa de esta condición ?*

GO TO N27

CP,YP,YX (with health condition)

CSHCN

N19. The next questions are about any physical, mental, learning, or developmental conditions or problems that (NAME) has. As far as you know, how often does (HIS/HER) health condition or problem affect (HIS/HER) ability to do things other (FILL "CHILDREN" IF AGE <17; "YOUNG PEOPLE" IF AGE=17+) do? Would you say:

Las próximas preguntas son acerca de cualesquier condiciones o problemas físicos, mentales, de saber, o de desarrollo que tiene (NAME). Según lo que Ud.

Sabe ¿Cuántas veces ha influido su condición o problema de salud en su habilidad de hacer cosas que hacen otros (FILL "NIÑOS" IF AGE <17; "JOVENES" IF AGE=17+)? Diría:

INTERVIEWER: IF THE CONDITION IS EPISODIC, FOR EXAMPLE, ASTHMA ATTACKS, RESPONDENTS SHOULD CONSIDER THE ENTIRE 12 MONTHS OF EPISODES, NOT JUST ONE SPECIFIC EPISODE.

Read list, code one answer

Never	01
Sometimes.....	02
Usually, or	03
Always.....	04
Nunca	01
A veces	02
Generalmente, o	03
Siempre.....	04
DON'T KNOW	d
REFUSED.....	r

CP,YP,YX (with health condition)
CSHCN

N20. Does (NAME'S) health condition or problem affect (HIS/HER) ability to do things a great deal, some, or very little?

Influye la condición o el problema de salud de (NAME) en su habilidad de hacer cosas mucho, algo, o muy poco?

A GREAT DEAL.....	01
SOME	02
VERY LITTLE.....	03
DON'T KNOW	d
REFUSED.....	r

CP,YP,YX (with health condition)
CSHCN

N21. Overall, how would you rank (HIS/HER) health condition(s) or problem(s). Please pick a number between zero and ten where zero is the mildest and ten is the most severe.

En general, ¿cómo clasificaría la(s)condición(condiciones)o el (los) problema(s) de salud de (NAME)? Por favor escoja un número entre cero (0) y diez (10), con cero siendo lo más leve, y diez lo más severo o grave.

INTERVIEWER: IF NAME HAS MORE THAN ONE CONDITION, THEN THE RESPONDENT SHOULD RATE THE MOST SEVERE CONDITION RATHER

THAN TRYING TO AVERAGE SEVERITY ACROSS ALL OF THE CONDITIONS.

|__|__| NUMBER BETWEEN ZERO AND TEN

(NAME) DOESN'T HAVE A HEALTH
CONDITION OR PROBLEM11
DON'T KNOWd
REFUSED.....r

CP,YP,YX (with health condition)
CSHCN

N22. As far as you know, which of the following statements best describes (NAME'S) health care needs?

¿Según lo que usted sabe,cuál de las siguientes frases mejor describe las necesidades de servicios de salud de (NAME)?

Read list, code only one response

(NAME'S) health care needs change
all the time01
(NAME'S) health care needs change
only once in a while02
(NAME'S) health care needs are
usually stable03
None of these04

Las necesidades de servicios de salud de
(NAME) se cambian todo el tiempo01
Las necesidades de servicios de salud de
(NAME) sólo se cambian de vez en cuando ...02
Las necesidades de servicios de salud
de (NAME) son, por lo general, estables03
Ninguno de estos.....04

DON'T KNOWd
REFUSED.....r

CP,YP,YX (with health condition)
1978 SSA Survey (modified)

N23. Considering everything you just told me about, what do you consider (NAME'S) **main** health condition or problem to be?

Considerando todo lo que me acaba de contar, ¿cuál considera usted que es la principal condición o el principal problema de salud de (NAME)?

INTERVIEWER: PROBE FOR SPECIFIC ANSWER. ANSWERS SUCH AS "HE'S SLOW," "DOESN'T TALK WELL," OR "IS A SPECIAL NEEDS CHILD" ARE NOT SPECIFIC ENOUGH.

PROBE 1: By what name do doctors call (NAME'S) health condition?

PROBE 2: What causes this condition?

PROBE 1: ¿Cómo llaman los doctores la condición de salud de (NAME)?

PROBE 2: ¿Cuál es la causa de esta condición?

Record verbatim

CP,YP,YX (with health condition)
1999 NHIS Family Core

N24. How long has (NAME) had this health condition or impairment?

¿Cuánto tiempo hace que (NAME) tiene esta condición o este problema de salud?

NUMBER TIME PERIOD

_____ (01-94)

95 + 95

SINCE BIRTH..... 96

DON'T KNOW d

REFUSED..... r

DAYS 01

WEEKS 02

MONTHS 03

YEARS 04

DON'T KNOW d

REFUSED r

→ Go to N25

CP,YP,YX (with health condition)
1978 SSA Survey

N25. Does (NAME) have any other health conditions or problems?

¿Tiene (NAME) cualesquier otras condiciones o otros problemas de salud?

YES 01

NO.....00
DON'T KNOWd
REFUSED.....r

N26. What are these?

¿Cuáles son?

PROBE FOR SPECIFIC ANSWER. ANSWERS SUCH AS "HE'S SLOW," "DOESN'T TALK WELL," OR "IS A SPECIAL NEEDS CHILD" ARE NOT SPECIFIC ENOUGH.

PROBE 1: By what name do doctors call (NAME'S) health condition?

PROBE 2: What causes this condition?

PROBE 1: ¿Cómo llaman los doctores la condición de salud de (NAME)?

PROBE 2: ¿Cuál es la causa de esta condición?

Record verbatim

CP,YP,YX
Created

N27. In what year did (NAME) last live with you?

¿En qué año vivió (NAME) por última vez con usted?

|__|__|__|__| YEAR (1970-2002)

NEVER LIVED WITH RESPONDENTn→ Go to N31

DON'T KNOWd

REFUSED.....r

N28. Thinking back to the last year (NAME) was living with you, did (HE/SHE) need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside the home?

Pensando en el último año en que (NAME) estaba viviendo con usted, ¿necesitaba (él/ella) la ayuda de otras personas con sus necesidades de cuidado o atención personal, tales como: comer, bañarse, vestirse, o moverse de un lugar a otro dentro del hogar?

PROBE: I mean help beyond which most young people of the same age would need.

PROBE: Quiero decir más ayuda de lo que la mayoría de los jóvenes de la misma edad necesitarían.

YES	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

→ **Go to N30**

N29. Did (NAME) need the help or supervision of other persons with

¿Necesitaba (NAME) la ayuda o supervisión de otras personas para . . .

Code one for each

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>RF</u>
A. Bathing or showering	01	00	d	r
B. Dressing	01	00	d	r
C. Eating	01	00	d	r
D. Getting in or out of bed or chairs	01	00	d	r
E. (IF AGE = 17 +) Walking	01	00	d	r
F. (IF AGE = 17 +) Getting outside	01	00	d	r
G. Using the toilet, including getting to the toilet	01	00	d	r
H. Getting around inside the home	01	00	d	r

A.	Bañarse o ducharse	01	00	d	r
B.	Vestirse	01	00	d	r
C.	Comer.....	01	00	d	r
D.	Acostarse, sentarse o levantarse de la cama o de sillas	01	00	d	r
E.	Caminar	01	00	d	r
F.	Salir afuera.....	01	00	d	r
G.	Ir al baño, incluyendo usar el lavabo o inodoro (toilet)).....	01	00	d	r
H.	Moverse de un lugar a otro dentro de la casa	01	00	d	r

CP,YP,YX
NSAF (scale modified)

N30. I'm going to read a list of items that sometimes describe young people. For each item please tell me if it was almost always true, sometimes true, not often true, or never true for (NAME) in the year (HE/SHE) (FILL "LAST LIVED WITH YOU" if RTYPE=01; "WAS INCARCERATED" if RTYPE=03).

Le voy a leer una lista de cosas que a veces describen a las personas jóvenes. Para cada cosa, por favor dígame si esto casi siempre era cierto, a veces era cierto, no era frecuentemente cierto, o nunca era cierto, en relación a (NAME) en el último año que (él/ella) (FILL "VIVIO CON USTED" IF RTYPE=01; "FUE ENCARCELADO(A)" IF RTYPE=03)

a. (NAME) had trouble sleeping. Was that...

(NAME) tenía dificultades en dormir. ¿Era eso . . .

Almost always true.....	01
Sometimes true	02
Not often true	03
Never true	04

Casi siempre cierto	01
A veces cierto	02
No frecuentemente cierto	03
Nunca cierto	04

DON'T KNOW	d
REFUSED.....	r

b. (NAME) couldn't concentrate or pay attention for long. Was that...

(NAME) no podía concentrarse o prestar atención por mucho tiempo.
¿Era eso . . .

Almost always true.....01
Sometimes true02
Not often true03
Never true04

Casi siempre cierto01
A veces cierto02
No frecuentemente cierto03
Nunca cierto04

DON'T KNOWd
REFUSED.....r

c. (NAME) had trouble getting along with other people. Was that

(NAME) tenía dificultades en llevarse bien con otra gente. ¿Era eso . . .

Almost always true.....01
Sometimes true02
Not often true03
Never true04

Casi siempre cierto01
A veces cierto02
No frecuentemente cierto03
Nunca cierto04

DON'T KNOWd
REFUSED.....r

CP,YP,YX
NSAF

N31. What is the last grade of school, that (NAME) completed?

¿Cuál es el último grado o año de escuela que (NAME) completó?

PROBE: This includes schooling (HE/SHE) might have received while incarcerated.

PROBE: Before earning a GED, if (NAME) has one.

PROBE: Esto incluye estudios que (él/ella) podía haber recibido mientras que fue encarcelado(a).

PROBE: Antes de recibir un Diploma de equivalencia o GED, si (NAME) tiene uno.

|__|__| GRADE

- 14 NURSERY/PRESCHOOL/
PRE-KINDERGARTEN
- 15 KINDERGARTEN
- 16 ABOVE 12th GRADE
- 17 SPECIAL EDUCATION
- 18 NOT ATTENDING
- 19 NAME WAS HOME SCHOoled
- d DON'T KNOW
- r REFUSED

CP,YP,YX
Created

N31a. Does (NAME) have a high school diploma or GED, also known as a graduate equivalency degree, or neither?

¿Tiene (NAME) un diploma de estudios secundarios (high school) o un GED, también llamado: Diploma de Equivalencia, o ninguno de estos?

- YES, HIGH SCHOOL DIPLOMA 01
- YES, GED 02
- NEITHER 03
- DON'T KNOW d
- REFUSED r

CP,YP,YX
Mary Wagner

N32. Now, I'd like to ask you about any job training or help that (NAME) might have received. As far as you know, prior to being incarcerated, did (NAME) receive any training in job skills, vocational education, career counseling, or help in finding a job?

Ahora quiero hacerle unas preguntas acerca de cualquier entrenamiento o ayuda que (NAME) quizás ha recibido. Según lo que sabe Ud., ¿alguna vez recibió (NAME) cualquier entrenamiento de destrezas de empleo, educación vocacional, consejo de carrera (career counseling), o ayuda en encontrar un empleo?

PROBE: This excludes services or training (HE/SHE) might be receiving while incarcerated.

PROBE: Esto no incluye servicios o entrenamiento que (él/ella) quizás recibe mientras que es encarcelado(a).

YES	01
NO	00
DON'T KNOW.....	d
REFUSED	r

CP,YP,YX
Mary Wagner

N33. As far as you know, has (NAME) **ever** received any training in how to do things like manage money, cook, or keep house, or any other life skills training? Do not include instruction from family members or friends.

Según lo que sabe Ud., ¿alguna vez recibió (NAME) algún entrenamiento en como hacer cosas tales como manejar (su) dinero, cocinar o mantener la casa, o algún otro entrenamiento de destrezas de vida cotidiana (life skills training)? No incluya instrucción por parte de miembros de la familia o de amistades.

YES	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

CP,YP,YX
Created

N34. Now I would like to ask you about any experience (NAME) and (FILL "YOUR" if RTYPE=01; "NAME'S" if RTYPE=03) family might have had with the

Supplemental Security Income, or SSI program operated by the Social Security Administration.

Has (FILL "YOUR" if RTYPE=01; "NAME'S" if RTYPE=03) household ever received an SSI benefit for (NAME)?

Ahora le quiero hacer unas preguntas acerca de cualquier experiencia que (NAME) y su familia quizás tuvieron con el programa de SSI (Supplemental Security Income, o Seguridad de Ingreso Suplementario), que es administrado por el Social Security Administration (Administración de Seguro Social).

¿Alguna vez ha recibido (FILL "SU FAMILIA" IF RTYPE=01; "LA FAMILIA DE (NAME)" IF RTYPE=03) un beneficio de SSI para (NAME)?

YES	01 → <i>Continue</i>
NO.....	00
DON'T KNOW	d
REFUSED.....	r

] → Go to N47

N35t. CHECK AGE: Is (NAME)'s age.....

<18	01 → <i>Go to N42</i>
18 +	02 → <i>Continue</i>

YP

N35. Was (NAME) receiving SSI benefits at the time of (HIS/HER) 18th birthday?

¿Estaba (NAME) recibiendo beneficios de SSI al cumplir los 18 años?

YES	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

] → Go to N42

YP
Created

N36. Before (NAME) was incarcerated, was (HIS/HER) eligibility for SSI redetermined by the Social Security Administration around the time of (HIS/HER) 18th birthday using the rules for adults?

Antes de que NAME fuese encarcelado(a) ¿fue su elegibilidad para SSI redeterminada por la Administración de Seguro Social (Social Security Administration), usando las reglas para adultos?

YES 01 → *Continue*
NO 00
REDETERMINATION PENDING 02
DON'T KNOW d
REFUSED r

} → Go to N42

YP
Created

N37. Did SSA make a final decision about (NAME'S) redetermination before (NAME) was incarcerated?

¿Tomó la SSA una decisión final acerca de la redeterminación antes de que (NAME) fuese encarcelado(a)?

PROBE: By final decision, I mean did SSA notify you that (NAME'S) benefits would either continue or stop, and you decided not to appeal or completed all your appeals.

PROBE: Por decisión final, quiero decir si SSA le notificó que los beneficios de (NAME) continuarían o serían paradas, y Ud. decidió no apelar o terminó todas sus apelaciones.

YES	01	→ Continue
NO.....	00	
DON'T KNOW	d	→ Go to N39
REFUSED.....	r	

YP
Created

N38. What was the outcome of that redetermination? Did (NAME)...

¿Cuál fue el resultado de esa redeterminación? ¿(NAME)...

Continue to receive SSI benefits, or01→ Go to N47
Stop receiving SSI benefits02→ Go to N41

Continuó recibiendo beneficios de SSI.....01→ Go to N47
Paró de recibir beneficios de SSI.....02→ Go to N41

DON'T KNOWd→ Go to N47
REFUSED.....r→ Go to N47

YP
Created

N39. Was the final decision pending or was it under appeal?

¿Estaba la decisión final pendiente, o aún estaba siendo apelada?

PENDING01→ Go to N47
UNDER APPEAL02→ Continue
DON'T KOWd→ Go to N47
REFUSED.....r→ Go to N47

N40. As far as you know, why did SSA make the initial decision to stop SSI benefits for (NAME)?

Según lo que Ud. sabe, ¿por qué tomó la SSA la decisión inicial de parar los beneficios de SSI para (NAME)?

Code all that apply

(NAME'S) INCOME TOO HIGH01
(NAME'S) ASSETS TOO HIGH.....02
DETERMINED MEDICALLY INELIGIBLE03
DETERMINED ABLE TO WORK/ENGAGE
IN SUBSTANTIAL GAINFUL ACTIVITY04
DID NOT FOLLOW PROGRAM RULES05
(NAME) MARRIED/REMARRIED06
(NAME) NOT IN SCHOOL/JOB TRAINING07
OTHER (SPECIFY) →.....08

DON'T KNOWd
REFUSED.....r

GO TO N46

YP
Created

N41. As far as you know, why did (NAME) stop receiving SSI benefits at that time.

Según lo que Ud. sabe, ¿por qué paró (NAME) de recibir beneficios de SSI en aquel entonces?

Code all that apply

(NAME'S) INCOME TOO HIGH01
(NAME'S) ASSETS TOO HIGH.....02
DETERMINED MEDICALLY INELIGIBLE03
DETERMINED ABLE TO WORK/ENGAGE
IN SUBSTANTIAL GAINFUL ACTIVITY04
DID NOT FOLLOW PROGRAM RULES05
(NAME) MARRIED/REMARRIED06
(NAME) NOT IN SCHOOL/JOB TRAINING07
OTHER (SPECIFY) →.....08

DON'T KNOWd
REFUSED.....r

GO TO N46

CP,YP,YX
Created

N42. Since January 1996 but before (NAME) was incarcerated, was there any time when (NAME) or (FILL "YOUR" if RTYPE=01; "NAME'S" if RTYPE=03) family stopped receiving SSI benefits for (HIM/HER) for more than one month?

Desde enero de 1996, pero antes de que (NAME) fuese encarcelado(a), ¿hubo algún tiempo en el cual (NAME) o su familia pararon de recibir beneficios de SSI para (él/ella), por más de un mes?

YES01 → *Go to N45*
NO.....00
DON'T KNOWd
REFUSED.....r

N43. CHECK: Does answer to N42 agree with pre-loaded SSA information?

YES01→ *Go to N47*
NO.....00→ *Continue*

CP,YP,YX

N44. Our records show that (NAME) stopped receiving benefits in (INSERT MONTH AND YEAR FROM PRELOADED INFORMATION), for at least a month or more. As far as you know, is that correct?

Nuestros registros muestran que (NAME) paró de recibir beneficios en (INSERT MONTH AND YEAR FROM PRELOADED INFORMATION), por un mes o más. Según lo que Ud. sabe, ¿es eso correcto?

YES	01	→ Continue
NO.....	00	
DON'T KNOW	d	→ Go to N47
REFUSED.....	r	

CP,YP,YX

Created

N45. Why did (NAME) lose SSI benefits (the last time this happened/ when this happened)? *Code all that apply*

¿Por qué perdió (NAME) beneficios de SSI cuando ocurrió esto?

PARENT'S INCOME TOO HIGH	01
PARENT'S ASSETS TOO HIGH.....	02
(NAME'S) INCOME TOO HIGH	03
(NAME'S) ASSETS TOO HIGH.....	04
(NAME) DETERMINED MEDICALLY	
INELIGIBLE.....	05
DID NOT FOLLOW PROGRAM RULES	06
MARRIED/REMARRIED	07
MOVED IN WITH FAMILY/OTHER PERSON...	08
OTHER (SPECIFY) ↴.....	09

DON'T KNOW	d
REFUSED.....	r

CP,YP,YX
Created

N46. When (NAME) stopped receiving SSI benefits at that time, did (HE/SHE) stop receiving Medicaid benefits or (INSERT MEDICAID STATE NAME) benefits at the same time?

Cuando (FILL "NAME" IF RTYPE=01,03; "UD." IF RTYPE=02) paró de recibir beneficios de SSI lo más recientemente, ¿paró (FILL "ÉL/ELLA" IF RTYPE=01,03; "UD.' IF RTYPE=02) de recibir beneficios de Medicaid o beneficios de (INSERT MEDICAID STATE NAME) a la misma vez?

YES	01
NO.....	02
NAME NEVER HAD MEDICAID	03
DON'T KNOW	d
REFUSED.....	r

CP,YP,YX
Created

N47. These last questions are about (NAME). In what month and year was (NAME) incarcerated?

Estas últimas preguntas son acerca de (NAME). ¿En qué mes y año fue (NAME) encarcelado(a)?

PROBE: Your best estimate is fine.

PROBE: Adivine lo mejor que pueda

|__|__| MONTH |__|__|__|__| YEAR (1970-
2002)

DON'T KNOW	d
REFUSED.....	r

N48. What charges is (NAME) incarcerated for?

¿Por cuáles cargos fue (NAME) encarcelado(a)?

MANDATORY PROBE: Is (NAME) incarcerated for any other charges?

MANDATORY PROBE: ¿Es (NAME) encarcelado(a) por cualquier otro cargo?

Do not read list, code all that apply.

AGGRAVATED ASSAULT	01
BURGLARY	02
USE OR POSSESSION OF DRUGS.....	03
SALE OR MANUFACTURE OF DRUGS.....	04
DRUNKENNESS, LIQUOR LAWS, OR DRIVING UNDER THE INFLUENCE	05
FRAUD	06
LARCENY OR THEFT	07
MOTOR VEHICLE THEFT OR CAR-JACKING .	08
MURDER OR MANSLAUGHTER	09
OFFENSES AGAINST FAMILY OR CHILDREN	10
PAROLE OR PROBATION VIOLATION	11
RAPE	12
ROBBERY	13
SEX OFFENSES (INCLUDING PROSTITUTION AND SOLICITATION)	14
SHOPLIFTING.....	15
SIMPLE ASSAULT	16
STOLEN PROPERTY (EITHER BUYING, RECEIVING, OR POSSESSION OF	17
VANDALISM.....	18
CARRYING OR POSSESSION OF WEAPONS .	19
OTHER (SPECIFY) ...↓.....	20
<hr/> DON'T KNOW	d
REFUSED.....	r

CP,YP,YX
Created

N49. How much time is (NAME) expected to serve?

¿Cuánto tiempo tendrá que servir (NAME)?

PROBE: How long will (NAME) serve before (HE/SHE) is released?

PROBE: ¿Cuánto tiempo tendrá (NAME) que servir, antes de ser puesto(a) en libertad?

|__|__| ENTER AMOUNT AND CODE TIME PERIOD BELOW (0-999)

WEEKS.....	01
MONTHS.....	02
YEARS	03
HAS NOT YET BEEN SENTENCED	04
DON'T KNOW	d
REFUSED.....	r

CP,YP,YX
Created

N50. Altogether, how many times has (NAME) been arrested or charged with a crime or parole violation?

En total, ¿cuántas veces ha sido (NAME) arrestado(a) o acusado(a) por un crimen o una violación de libertad condicional (parole)?

|__|__| TIMES (1-99)

DON'T KNOW	d
REFUSED.....	r

CP,YP,YX
Created

N51. Has (NAME) ever worked at a job or business? This includes work (NAME) may be doing while incarcerated.

¿Alguna vez ha trabajado (NAME) en un empleo o en algún negocio? Esto incluye trabajo que (NAME) puede estar haciendo mientras que es encarcelado(a).

YES	01
NO.....	00
DON'T KNOW	d
REFUSED.....	r

→ Go to N53

CP,YP,YX
MPR

N52. In what month and year did (NAME) last work at a job or business?

¿En qué mes y año trabajó (NAME) la última vez en un empleo o en un negocio?

|__|__| MONTH |__|__| YEAR (1970-2002)

NOW WORKINGn
DON'T KNOWd
REFUSED.....r

CP,YP,YX
MPR

N53. What is (NAME's) ethnic background? Is (HE/SHE):

¿Cuál es el origen étnico de (NAME)? ¿Es (él/ella):

Hispanic or Latino, or01
Not Hispanic or Latino02

Hispano(a) o Latino(a)), o01
Ni Hispano(a) ni Latino(a).....02

DON'T KNOWd
REFUSED.....r

CP,YP,YX
MPR

N54. What is (NAME's) race? Is (HE/SHE)....

¿Cuál es la raza de (NAME)? ¿Es (él/ella):

Read list, code all that apply

Alaska Native or American Indian01
Asian02
Black or African American03
Native Hawaiian or Other Pacific Islander.....04
White.....05

Nativo(a) de Alaska, o amerindio(a) indígena 01
Asiático(a)02
Negro(a) o Africano(a)-Americano(a)03
Nativo(a) de Hawaii o de Islas del Pacífico04
Blanco(a)05

DON'T KNOWd
REFUSED.....r

CP,YP,YX
MPR

N55. Was (HE/SHE) born in the United States or in another country?

¿Nació (él/ella) en los Estados Unidos, o en otro país?

UNITED STATES01
OTHER (SPECIFY) ↓02

DON'T KNOWd
REFUSED.....r

CP,YP,YX
MPR

N56. Finally, what language is spoken most often in (FILL "YOUR" if RTYPE=01; "NAME'S" if RTYPE=03) home?

Finalmente ¿qué idioma se habla con la mayor frecuencia en (FILL "SU HOGAR" IF RTYPE=02; "EL HOGAR DE (NAME)" IF RTYPE=03)?

ENGLISH01
SPANISH.....02
OTHER (SPECIFY) ↓03

DON'T KNOWd
REFUSED.....r

GO TO PART O